



2841

PATENT
7485/62690
S.N. 09/641,793

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Noel E. Zeller
Serial No. : 09/641,793
Filed : August 18, 2000
For : Travel Alarm
Group : 2841
Examiner : Jeanne M. Goodwin

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TECHNOLOGY CENTER 2800

February 6, 2003
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New York, New York 10036
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Assistant Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

S I R:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

_____ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE FEE | | | |
|---|-----------------------------------|---|---|---|---|---|-------------------------|-----------------|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 7 | - | * 20 | = | *** 0 | x | 9 | 18 | = \$0 | \$ |
| Independent Claims | 1 | - | ** 3 | = | *** 0 | x | 42 | 84 | = \$0 | \$ |
| Multiple Dependent Claims Presented _____ Yes _____X___ No | | | | | | | 140 | 280 | = \$0 | \$ |
| For First Time: | | | | | | | TOTAL ADDITIONAL FEE | | \$0 | \$ |

Amendment Transmittal Letter
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- *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- **If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- ***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ A check in the amount of \$ _____ is enclosed herewith.

_____ Please charge Deposit Account No. 03-3125 in the amount of \$ _____. Three copies of this sheet are enclosed.

_____ Applicant hereby petitions for a ____ month extension. Our check in the amount of ____ is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125.

X Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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